

INDIANA HORSE RACING COMMISSION

Vendor/Contractor License Application

\$100 Fee

OFFICE USE ONLY				
License Year				
	New	or	Renew	
Date	/			
Total Fee	es			
Cash	Check_	I	M.O	
Clerk		F.P.		
Reviewed	l by:			

Application must be completed by vendor or contractor providing services or commodities pursuant to 71 IAC 5-1-1. Please note that any employees doing business on site, must be licensed as individual vendor employees (a \$15 fee) using a separate application.

Fingerprints may	be needed. Fingerprint fee is determin	ned based upon residency. Call for fee	structure.
4)	y licensed by the Indiana Ho our IHRC license number here.		RC)? Yes No
2. Name of vendor			
	d under a different name/dba		No
4. Form of ownership: ☐ Other	☐ Sole Proprietorship	-	Corporation
5. If vendor/contractor is a so following space provided	ole proprietor or partnership, pl (if additional space is necess		
* Note: The individual listed as ow Purpose License Application	ner in a sole proprietorship or all pa n as vendor employees.	ntners in a partnership, must also o	complete the Multi-
₩	Street		
City Telephone number: (State/Provi	nce)	Zip ()
1	Home	Business	Local
7. Name of contact person	for vendor	() Phone
9. Type of concession/bus 10. Yes Has vendor be	or federal ID number ested to pursue statutory responsibilities and is serious siness een previously licensed by and formation on current and most ormation on current and most ormation.	other racing jurisdiction? If ye	s, give the
(a) (b)		State/Province/Country	
No by another ra	sole proprietor and is married acing jurisdiction? If yes, givent license(s):		
(a)	Type (occupation)	_	
12.a) Yes Has vendor's no Has vendor's no Has vendor (no No Has your rac d) Yes Do you (or you e) Yes Has vendor e	racing license (or spouse's) ever or spouse) every been FINE ing license (or your spouse's) our spouse) have PENDING ever been RULED OFF or B d or e was answered as YES	been SUSPENDED, for more of the property of th	ethan five (5) days? VOKED? If any question
Date	State Track	Specific Violation	Penalty
1 =			

	a) Yes	ever been ARR Are you or any or Are there CRIM	EESTED f the indiv NAL chaers of this	etor) or any directors, officer? You must answer YES, iduals listed in question 12a rges currently pending again company/partnership? If are following:	even if charges whe currently on PAROI ast you (or your spouse	re droped or dismissed. LE or PROBATION? or any directors,
	Individual's Name	Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence
(1)						
(2))					
(3))		_			
		more space to a	report ad	lditional information rel		questions above, please
14.				s who will be working on s tion of the Indiana Horse R		nyone working at the race Please print legibly!

PRIOR TO SUBMITTING THIS APPLICATION, YOUMUST BE APPROVED BY
EITHER THE RACE TRACK/PERMIT HOLDER OR THE INDIANA HORSE
RACING COMMISSION, DEPENDING ON WHO YOU ARE EMPLOYED OR
CONTRACTED BY.

Approval is hereby granted by

Signature of Race Track/Casino Management or Racing Commission
Date

, 20

Title

Indiana Horse Racing Commission Affidavit

I understand that participation in racing in Indiana is a privilege, not a right, that the license issued pursuant to this Application is subject to conditions precedent as set out in the applicable Indiana Rules and Regulations, and that my failure to comply therewith, including but not limited to misstatements or omissions in the foregoing application, shall be grounds for immediate revocation or suspension of such license. By acceptance of said license, I agree to abide by the statutes of the State of Indiana relating to racing, the applicable Indiana Rules and Regulations and rulings or decisions of the Judges/Stewards with the knowledge that rulings or decisions of the Judges/Stewards shall remain in force until reversed or modified by the Indiana Horse Racing Commission.

I hereby acknowledge that I will be subject to the searches, either in my presence or absence, provided for in Indiana Code 4-31-13, as amended, and the Indiana Rules and Regulations that authorize personal inspections, inspection of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Indiana Horse Racing Commission. I also acknowledge that I may be requested to provide a breath or urine sample in accordance with Indiana Code 4-31-8, as amended, and the applicable Indiana Rules and Regulations. I further acknowledge that the Indiana Horse Racing Commission may seize any article or substance which is found in my possession or control or in a location under my control which may be forbidden or is against the applicable Indiana Rules and Regulations. I hereby waive all claims and remedies with the exception of those provided for by the Indiana Administrative Orders and Procedure Act (contained at Indiana Code 4-21.5-1, et seq.), and the applicable Indiana Horse Racing Commission Rules arising therefrom against the Indiana Horse Racing Commission and its members, employees and agents and the racing association on whose premises the search and/or seizure is made and the officials, employees and agents of such association.

I hereby certify that I have read the foregoing Application and affirm that every statement contained therein is true and correctly and completely set forth. I do hereby authorize the Indiana Horse Racing Commission, the Indiana State Police, and the Federal Bureau of Investigations to investigate and verify all information contained in this Application.

Signature of Ap	pplicant	Date	